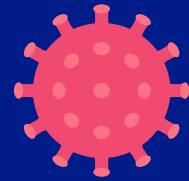


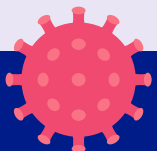
COVID-19 (Coronavirus)



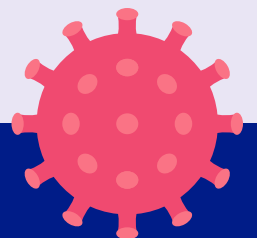
Guidance for Reopening Day Care Centres and Home Care Providers



*Stay informed on the latest developments about COVID-19 by visiting the
Government of Bermuda's website coronavirus.gov.bm*



GOVERNMENT OF BERMUDA
Ministry of Health



Guidance for Reopening Day Care Centres and Day Care Providers

COVID-19 is a disease caused by a novel coronavirus that can result in acute respiratory illness. In general, these viruses are spread when a sick person coughs or sneezes. It may also be possible for a person to get COVID-19 by touching contaminated surfaces and then touching their own mouth, nose, or possibly their eyes. The majority of people with COVID-19 develop a mild illness, which may include fever, cough, or shortness of breath. Children may have milder or asymptomatic infections of COVID-19, and the virus may still be transmitted to other people. For more general information about COVID-19, visit <https://www.gov.bm/coronavirus>

We are very aware that the measures taken to contain the spread of the virus and flatten the curve have been extraordinary and present an unprecedented challenge for caregivers, parents, and Bermuda's children. However, the re-opening of child care services after an emergency closure requires many considerations. Our goal to promote good public health and manage the spread of COVID-19 on our island home, remains paramount.

As you know, the current restrictions were put in place to slow the spread of the virus. While it still remains unclear how long we will need to maintain social distancing measures, and how long it will take to completely contain the spread of this virus, we do know for certain that our island will recover, parents will return to work, and children will continue to need quality care.

This guidance is for Licensed Day Care Centres, and Registered Day Care Providers. While all centres and providers have remained closed, this document provides the necessary information needed to begin preparations for reopening. This virus remains fluid and takes into consideration the current conditions.

Please note that we will provide updates as further information becomes available.

Parent Pick up/Drop off

To reduce congregating or pooling of parents at the entrance of your facility. Develop a plan to collect and hand off children at the start and end of the day.

- All pick-ups and drop offs should be conducted outside of the facility
- Provide directions to parents regarding safe parking zones
- Consider using your surplus or relief staff to assist during these two hours of the day
- Parents and staff should be wearing cloth face coverings/masks. See the video [here](#).
- Staff should wash and or use hand sanitizer between collection of children
- Children must also wash their hands before entering the classroom
- Daily sign in logs are routinely done by parents, however in the absence of sanitized individual writing utensils, logs should be completed by staff.
- Staggering or alternating drop off and pick up times may be used
- Inform parents of their allocated drop off and collection times along with the process
- Include procedures to minimize adult to adult contact, let parents know which entrance to use
- Parents must not gather at entrance gates or doors
- Parents entering the facility is not encouraged telephone conferences would be recommended.
- Writing utensils should not be shared when signing in/documenting attendance etc.
- Some schools use an electronic check-in system, as previously advised parents should be discouraged from entering the facility, and teachers will maintain attendance.
- Children should change to indoor shoes before entering the classrooms. These shoes should remain at school.
- More time will need to be allotted for drop off /pick up
- Consider alternative location for inclement weather

Wellness Screenings

Children and staff may only re-enter the programme if they are healthy and are **not** under public health instructions to be quarantined or self-isolated.

- All staff/parents/caregivers should follow the clear guidance and be aware of signs and symptoms of COVID-19, including fever (equal or greater than 38 degrees Celsius), cough, muscle aches and tiredness, difficulty breathing, and less commonly: sore throat, headache, and diarrhea.
- Parents/guardians and staff should be instructed to monitor their child's temperature. Additionally, staff should be instructed to do the same. Children or staffers with a fever should be at home.
- Include a no contact thermometer in your first aid kit
- Staff/children with any of the signs and symptoms should stay home from symptom onset and until they no longer feel unwell. When in doubt, have parents consult the child's doctor for guidance.
- Staff should not be asked to administer fever reducing medications. This is a clear sign that a child should not be in school.
- Post signage in visible areas and, communicate the conditions for entry with staff and parents.
- Suspend all non-essential visitors to the facility E.g. deliveries, volunteers etc.

Child to Staff Ratios

Early Childhood Educators are well aware that young children cannot be expected to uphold social distancing requirements. This is why caution will continue to be exercised with this age group.

As a result, in the initial stages, lower ratios and supervision levels will remain a priority for the safety of children. Upon reopening you will need to provide CCRP with an updated child to staff ratio form for all groups to indicate current enrolment and adult supervision. Please note that the ratios below are based on current conditions and are subject to change as we continue to move through the stages.

Maximum Group Size

To ensure social distancing guidelines are maintained the group size recommendation for Centres should not exceed 8. Providers will remain at 3.

- Centres will use a 1:4 ratio with a max group size of 8 with 2 adults
- More than 4 but not exceeding 8 children will require 2 adults
- Providers will continue with 1:3
- Group sizes must be reduced in smaller classrooms where there are clear signs of overcrowding
- In smaller rooms excess furniture may need to be removed to provide additional space.

Settings

Spaces vary in size and configuration. This means that some settings may not be suitable to be used at this time. If your self-contained Centre setting does not allow for 4 to 8 children and two teachers to maintain the required space please reduce the number of children or refrain from use at this time.

Settings where children have to walk through small classrooms to get to the bathroom may need to remain unoccupied. These circumstances will inevitably have a direct effect on the number of children a centre can accommodate during the initial stages. Partnering with a sister school where there are spaces in order to ensure a temporary placement for one of your children may be a consideration.

Sick/Wellness Policy

Review, update, and implement your sick policies. Provide parents with copies of updated policies that reflect the firm sick child procedures outlined in this document. Update emergency contact lists and speak with parents about securing alternative care in the event the child is sick and unable to attend school, or there is an emergency which requires the school to temporarily close. Staff who become ill while at the facility should be sent home immediately and directed to our website for more information about COVID-19.

In order to protect the health and safety of both staff and children, enlist the assistance of those visiting your facility by cautioning against entry if they are unwell. This [flyer](#) may be posted in a visible location for all visitors.

Staff Absenteeism

Managing staff absenteeism due to illness may become an increasing challenge. Consider protocols for sick staff as well by clearly documenting notification procedures for staff who are calling in sick.

By what time should they send notification and to whom. This allows you to seek coverage in a timely manner. Identify and have available vetted relief staff to assist as needed. Centres should make every effort to ensure returning staff have their CPR/First Aide Certification.

Auxiliary Staff

Programmes that provide additional services from private vendors for Karate, Gymnastics, Dance, Music etc. should be aware that the movement of persons from one facility to another poses challenges to containing the spread of the virus. Therefore, these services should be stopped at this time.

Therapeutic Services

Children who receive individualized therapy from an Allied Health Professional such as SLP, OT, and PT services will need to confirm with therapists how service delivery will be modified to maintain the health and safety guidelines.

Supplies and Equipment

Complete an inventory on your current supply of gloves, masks, hand sanitizer, and cleaning products.

- Face coverings/masks are not recommended for children due to the high probability of improper use, resulting in increased risk of transmission.
- Face coverings/masks **should NOT** be put on babies and children under age two due to the danger of suffocation.
- Be mindful hand sanitizer should be reserved for the staff; and children should be encouraged to wash their hands with soap and water
- If used with children it must be according to the directions, under adult supervision, and kept out of a child's reach. For guidance visit [this link](#).
- Staff may wear cloth face coverings/masks while providing care. Please refer to the [DOs and Don'ts of wearing a face mask](#).
- Gloves are recommended for diapering/toileting routines, however proper glove use requires washing hands before and after using gloves as well as knowledge of proper techniques for safe removal.
- Washing hands for 20 seconds and the use of hand sanitizer is preferable than the improper use of gloves.
- Supplies should also be accessible to staff in designated areas such as but not limited to the isolation room.

People at Increased Risk for Serious Complications of COVID-19

Some individuals may be at higher risk for serious complications following infection of COVID-19. Those who are extremely vulnerable include individuals who have underlying health conditions, including those with compromised immune systems or respiratory conditions. This could include staff, children, or parents. Such individuals should exercise increased caution and limit face to face interactions inherent in select environments. They should not be encouraged to provide child care or visit the facility. Please review the [shielding guidance](#). Caregivers who fall in this category will require a medical certificate stating they are fit to work with young children.

Physical Distancing

- Minimize time spent cueing/standing in lines. When lining up is required create or provide “[hold a ring walking ropes](#)”.
- Increase the distance between children during table time activities.
- Where practical plan activities that do not require close physical contact between multiple children
- Consider creative ways to still host large group activities such as Zoom PTA meetings. Alternatively, postpone, or cancel facility events such as performances or graduation ceremonies where the appropriate distance of 6’ or two arm’s length between persons cannot be maintained.
- Weather permitting use outdoors for increased distancing/spacing during activities including art, circle etc.
- Facilities with elevators are to limit usage to no more than two adults at a time
- Where feasible, facilities can modify their schedules by providing half-day programs, splitting children into 2-groups to attend morning or afternoon sessions.
- Additionally, facilities can choose to provide alternating days for attendance such as: Monday/Wednesday/Half-Day Fridays (Group 1) and Tuesday/Thursday/Half-day Friday (Group 2)
- Physical distancing information video is available [here](#).

Minimizing risk of spreading germs during activities

- Reinforce "no sharing" practices of food, water bottles or personal items and belongings.
- Suspend communal sensory play activities. E.g. water table, shared playdough
- Personal items should be clearly labelled with each child's name.
- Suspend activities that permit the mixing of children from different care groups. This reduces the chances of Centre wide contamination.
- Brief transitions where children may be walking through a corridor, is low risk.
- Include individual activities to increase space between children.
- Stagger mealtimes.
- Stagger outdoor play and indoor activity spaces
- Mats, cots, pack and plays, should be spaced to ensure 6 ft. distance between children. Alternatively place children in a head to toe format.
- Open windows to allow better circulation of air.
- Utilize individual foam tiles, yoga mats, or washable mats/rugs that may assist older children in understanding the boundaries of their play space.

- Where possible limit item sharing by using pre-planned individualized activities stored in Ziplock bags, shoebox, or basket for use by one child, wiped down/or washed and rotated. If items are being shared increase cleaning protocols between use.
- Where shared hands-on teaching materials can't be avoided, they should be cleaned at frequent intervals. Soap and water are the first step. Some items could then be sanitized.
- Develop creative ways to track hand washing and reward for frequent/timely hand washing. E.g. Ink stamp the back of hands by the end of day celebrate the hand washers faded ink.
- Eliminate family style meals/snacks
- If physical distancing cannot be maintained (e.g. providing direct care to an infant or toddler), staff should wear a mask.
- Infant and toddler teachers should wear long hair tied back and long-sleeved, button down oversized smock over their clothing when holding children.
- The outer clothing should be changed if it becomes contaminated with bodily fluids (saliva, nasal discharge, spit-up) from the child. Change children's clothing also if it becomes contaminated.
- Staff should have a change of clothes at the facility for emergencies
- Place any contaminated clothing in a plastic bag until it can be washed.
- Wash hands after holding a child and also wash any bare skin that the child may have touched (such as the neck, face, or arms).

Plan for absenteeism/sick leave or further temporary school closures by providing continued access to quality education. Options for children who are homebound can include:

- Prepare shoebox activities to send to homebound children
- Use of online/e-learning strategies for older toddlers and preschoolers
- Assigning teachers to conduct remote daily or weekly follow up
- Additional tips, activities and resources may be found at <https://hungrylittleminds.campaign.gov.uk> and <https://www.bbc.co.uk/tiny-happy-people>

Social Emotional Well-being

It is more important than ever to maintain levels of responsivity and nurturing for young children. Early Childhood professionals are well aware that crying, sad, and/or anxious infants and toddlers often need to be held and comforted. To provide responsive care implement the following

- Decrease access to contact points by cloth face coverings, gloves to wipe tears or noses,
- Once the child has calmed wash hands, or anywhere touched by a child's secretions.
- Directly address children's questions and concerns using children's books, and simple explanations.

- Have available a selection of children's books about emotions, feelings, transitions, and challenging behaviours
- Recognize that some children may be relieved to return to the routine, however others who are returning may struggle and will need a safe space and access to a special bin/box of calming toys/activities E.g. rainsticks, snow globe, books about feelings etc.
- Use the opportunity to focus on Community Helpers by highlighting the service men and women and the jobs they do for the community E.g. nurses, doctors, grocers, police etc.
- Most importantly provide information in an honest, age-appropriate manner.
- Additional guidance is available [here](#).
- Find a great resource for all staff [here](#)

Children take their cues from their adult caregivers. Therefore, the emotional well-being of your staff is important as well.

Please review the Mental Health Guidance for tips on supporting your [staff here](#).

Transportation

Use of mini vans, or mini buses to transport children for pick up/drop off services and/or field trips should not be provided unless social distancing guidelines can be maintained.

Hygiene Practices

- All staff and children should wash hands with soap and water upon entering the facility (including returning from outdoor play), before and after meals, and after bathroom breaks for at least 20 seconds. Sing Row, Row, Row Your Boat or Happy Birthday Song twice.
- If soap and water are not available staff may use hand sanitizer with at least 60% alcohol
- Provide additional hand sanitizer stations (e.g., wall mounted hand sanitizer dispensers) in supervised areas.
- Cover your cough or sneeze into a tissue. Immediately throw the tissue in the garbage and wash your hands.
- If you don't have a tissue, sneeze or cough into your sleeve.
- Avoid touching your face, nose and mouth with unwashed hands.
- Operators should monitor hand hygiene supplies to ensure adequate amounts of liquid soap, paper towel, hand sanitizer, tissues, and waste receptacles lined with plastic bags.
- Please note that reusable hand towels are not advised. Ensure supplies of single-use paper towel, hand soap are always stocked and available.

Environmental Cleaning, Disinfection, and Disposal

In preparation for the return of children, facilities should clean and sanitize the facility and materials using approved cleaning products or a professional cleaning company.

Increase cleaning of frequently touched surfaces (FTS) to include toys, counters, tables, desks, chairs, railings, light switches, door knobs, cabinet and closet handles. Use of alcohol wipes to clean keyboards and electronics and wash hands after use is advised.

Minimize the potential for the spread of germs in the programme space by temporarily removing toys that are not easily cleanable (such as stuffed animals and pillows) and rotate the toys that are out at any one time so that they can be adequately cleaned and sanitized.

- Post a visible cleaning schedule to communicate cleaning intervals for bathrooms, FTS (frequently touched surfaces such as: changing tables, potties, toys, phones, keyboards, counters, tables, desks, chairs, railings, light switches, door knobs, drawer, cabinet and closet handles) to be included, and who is responsible.
- General cleaning intervals should include upon opening, before and after meals, wiping cots before and after naps, anytime toys have been placed inside of a child's mouth, at closing.
- All toys and surfaces are to be cleaned and disinfected daily
- Provide lined, preferably covered and foot operated waste receptacles for safe disposal of waste. Additional information may be found [here](#).

Appropriate protocols may be accessed [here](#) or at [CDC's website](#).

Diapering/Toileting

When diapering a child, wear gloves and [wash your hands](#). Post and follow safe diaper [changing procedures](#). Disinfect the diapering area with a **fragrance-free bleach** that is EPA-registered as a sanitizing or disinfecting solution.

If other products are used for sanitizing or disinfecting, they should also be fragrance-free, and EPA registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.

Contaminated clothes should be placed in a plastic bag and sent home to be laundered. Infants, toddlers, and their providers should have multiple changes of clothes on hand in the child care center or home-based child care.

Playgrounds

Caregivers are strongly urged to follow government guidance on the use of playgrounds. Outdoor play equipment e.g. balls, bikes etc. should not be used unless it is appropriately

cleaned between groups of children. In addition, multiple groups should not use the outdoor play space simultaneously.

[Isolation Room Protocols](#)

Ensure your isolation room is equipped to accommodate children needing to be separated and under supervision until a parent collects them. Clean and disinfect the area immediately after the child with symptoms has been sent home. Gloves, and masks should be available for use in this space. Please refer to the guidance for the use of [face masks](#). Again, children under age two should not wear face masks due to the risks of suffocation.

[Confirmed Cases of Covid-19](#)

In the event of a confirmed case of the virus in your facility, please immediately notify the Epidemiology and Surveillance Unit (ESU) as well as the Child Care Regulation Programme. At that time, you will be advised of next steps for your programme.

Please refer to [the disinfection guidance](#) for cleaning protocols.

From week to week this situation continues to evolve, and as such any updates will be communicated once new information becomes available.

Please be mindful that the recommendations will not supersede any of the existing health and safety standards outlined in the Day Care Centre Regulations, 1999; the Child Care Standards 2018; or the recently legislated Covid-19 laws.

The Child Care Regulation Programme understands that you play a vital role in the island's response to this virus and we thank you for your cooperation and continued efforts in the midst of much uncertainty.